Application Data Sheet

Application Information

Application Number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: PARTITIONED EXCITER SYSTEM

Attorney Docket Number:: CHMP P-3605-2

Request for Early Publication?:: No Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 2

Small Entity:: No

Latin Name::

Variety denomination name::

Petition Included?::

Petition Type::

Licensed US Govt. Agency::

Secrecy Order in Parent Appl.?::

Applicant Information

| Inventor |
|--------------------|
| US |
| Full Capacity |
| Steve |
| John |
| Kempinski |
| |
| Saline |
| SC |
| US |
| 575 Ellenburg Road |
| |
| Seneca |
| SC |
| US |
| 29672 |
| |
| Inventor |
| US |
| Full Capacity |
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| City of mailing address:: | |
|---|---------------|
| State or Province of mailing address:: | |
| Country of mailing address:: | |
| Postal or Zip Code of mailing address:: | |
| | |
| Applicant Authority type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | |
| Middle Name:: | |
| Family Name:: | |
| Name Suffix:: | |
| City of Residence:: | |
| State or Province of Residence:: | |
| Country of Residence:: | |
| Street of mailing address:: | · |
| City of mailing address:: | |
| State or Province of mailing address:: | |
| Country of mailing address:: | |
| Postal or Zip Code of mailing address:: | |
| Applicant Authority type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | |
| Middle Name:: | |
| Family Name:: | |
| Name Suffix:: | |
| City of Residence:: | |
| State or Province of Residence: | |

| Country of Residence:: | | |
|---|-------|--|
| Street of mailing address:: | | |
| | | |
| City of mailing address:: | | |
| State or Province of mailing address:: | | |
| Country of mailing address:: | , | |
| Postal or Zip Code of mailing address:: | , | |
| Applicant Authority types | | |
| Applicant Authority type:: | | |
| Primary Citizenship Country:: | | |
| Status:: | | |
| Given Name:: | | |
| Middle Name:: | | |
| Family Name:: | | |
| Name Suffix:: | | |
| City of Residence:: | | |
| State or Province of Residence:: | | |
| Country of Residence:: | | |
| Street of mailing address:: | | |
| City of mailing address: | * | |
| City of mailing address:: | | |
| State or Province of mailing address:: | | |
| Country of mailing address:: | | |
| Postal or Zip Code of mailing address:: | | |
| | | |
| Correspondence Information | | |
| Correspondence Customer Number:: | 29318 | |
| Name:: | | |

Street of mailing address::

| Postal or Zip Code of | of mailing | g address: | | | | | | | |
|------------------------------|-----------------------|-------------------------|--------------------------------|------|---------------|---|-----------------------|-------------------------|--|
| Phone Number:: | | | | | | | | | |
| Fax Number:: | | | | | | | | | |
| E-Mail address:: | | | | • | | | | | |
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| Representative Inf | ormatio | n | | | | | | | |
| Representative Cus | tomer N | umber:: 23399 | | | | | | | |
| Representative Designation:: | | e Registration Number:: | | Repr | resentative N | Name:: | | | |
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| Domestic Priority I | nformat | ion | | | | | | | |
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| Application:: | Application:: Continu | | cation:: Continuity Type:: Par | | Par | ent Ap | plication:: | Parent Filing Date:: | |
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| Foreign Priority In | formatio | n | | | | | | | |
| Country:: | Application Numb | | nber: | : | Filing Date | :: | Priority Claimed:: | | |
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City of mailing address::

State or Province of mailing address:

Assignee Information

Assignee Name::

Champion Aerospace Inc.

Street of mailing address::

1230 Old Norris Road

City of mailing address::

Liberty

State or Province of mailing address::

SC

Country of mailing address::

US

Postal or Zip Code of mailing address:: 29657